



09:56 FAX 9018678249

WMT ADMIN

002

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(571) 273-2885

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

37902 7590 12/09/2005

WRIGHT MEDICAL TECHNOLOGY, INC.  
5677 AIRLINE ROAD  
ARLINGTON, TN 38002-9501

02/28/2006 HDEMESS2 00000066 502795 10691143

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Patricia L. Powell</i>	(Depositor's name)
<i>PLP</i>	(Signature)
02/28/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,143	10/21/2003	Stephen B. Murphy	702.153	4966

TITLE OF INVENTION: ACETABULAR IMPACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/09/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
REIMERS, ANNETTE R	3733		606-091000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

*Wright Medical Technology Inc*

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Arlington, TN*Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502795 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Shawn D. SeftillesDate 02/28/06Typed or printed name Shawn D. SeftillesRegistration No. 3P 299

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## FAX COVER SHEET

Wright Medical Technology, Inc.  
5877 Airline Road Arlington, TN 38002-9501  
[www.wmt.com](http://www.wmt.com)

Date:	February 28, 2006		
To:	Mail Stop: Issue Fee: Commissioner for Patents	Fax:	(571) 273-2885
From:	Patricia Powell	Fax:	(901) 867-4398
Number of pages including cover sheet:	3	Phone:	(901) 867-4542

## Certificate of Transmission

In Re. Application of:

Art Unit: 3733

Stephen B. Murphy

Our Ref.: 702.153

Application No.: 10/691,143

Examiner: Annette R. Reimers

Filed: 10/21/2003

I hereby certify that this correspondence is being:

For: Acetabular Impactor

[ ] deposited with the United States Postal Service as Express Mail in an envelope addressed to Commissioner of Patents and Trademarks, Mail Stop M Correspondence, Washington, D.C. 20231  
 facsimile transmitted to the Patent and Trademark Office - 571/273-2885  
 hand delivered to the Patent and Trademark Office on this \_\_\_\_\_

By:   
Patricia Powell

I hereby certify that the following correspondence is being facsimile transmitted to the Patent and Trademark Office on this 28<sup>th</sup> day of February, 2006:

## Part B - Fee(s) Transmittal Form - Issue Fee

By:   
Patricia Powell

This facsimile message (including any following pages) is confidential and may contain legally privileged information intended only for the use of the individual or company named. If the reader is not the intended recipient, or employee, or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original facsimile transmission to us at the address above. We will reimburse you for any costs you incur in notifying us and returning this facsimile to us. Thank you.